	Carting on 13	(0.9/2004				32.43.00000 man ment of a section			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 10/578		,993		
For FY 2008					Filing Date 5/11/2006				
							Eugene Sherry		
Applicant claims small entity status. See 37 CFR 1.27					niner Name	Amy Cohen Johnson			
TOTAL AMOUNT OF PAYMENT (\$) 405.00							2841 5000 - 061503		
					7. morney 200 not 3000 not 300				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		G FEES	SEARCH FEES			EXAMINATION FEES		•	
Application Type	Application Type Fee (\$) Fee (\$)		Small Entity Fee (\$) Fee (\$)		-	Small Entity Fee (\$) Fee (\$)		Fees Paid (\$)	
Utility	310	75	510	255	210	105	rees	Paid (5)	
Design	210	105	100	50	130	65	-		
Plant	210	105	310	155					
Reissue	310	155	510	255	160	80			
Provisional	210	105	0		620	310	·		
2 EVCESS CLAIM EDES									
Fee Description Fee (\$)								Small Entity Fee (\$)	
Each claim over 20 (including Reissues) 50								25	
Each independent claim over 3 (including Reissues) 210								105	
Multiple dependent cla							370	185	
<u>Total Claims</u> - 2	20 or HP	Extra Clai	ms Fee	<u>e (\$)</u>	Fee Paid (\$)		V	Dependent Claims	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims - 3	3 or HP	Extra Clai		e (\$)	Fee Paid (\$)		**************************************	Victoria (100 100 100 100 100 100 100 100 100 10	
HP = highest number of	independent cla	aims paid for, if g	reater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x =								Fee Paid (\$)	
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Request for Continued Examination								405,00	
SUBMITTED BY									
Signature		Inn &			egistration No. Attorney/Agent)	55739	Telephone 412-	-471-8815	
N. (D. I. III.)								nber 15, 2008	

September 15, 2008